

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12923

State File No.

FILED MAR 23 1953

BIRTH NO.		REG. DIST. NO. 324		PRIMARY REG. DIST. NO. 3072		Registrar's No. 66	
1. PLACE OF DEATH a. COUNTY Saline				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Saline			
b. CITY OR TOWN Marshall				c. CITY OR TOWN Marshall			
d. FULL NAME OF HOSPITAL OR INSTITUTION 759 E. Washinhton				d. STREET ADDRESS (If rural, give location) 759 E. Washington			
3. NAME OF DECEASED (Type or Print) a. (First) Kate b. (Middle) Rhodes c. (Last) Rhodes				4. DATE OF DEATH March 17, 1953			
5. SEX 3		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH June 7, 1877	
9. AGE (in years last birthday) 75		10. KIND OF BUSINESS OR INDUSTRY Home work		11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Nelson Brady				13b. MOTHER'S MAIDEN NAME Judy Brady		14. NAME OF HUSBAND OR WIFE Don't know	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no				16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mrs. Angie Gordon ADDRESS Marshall, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterial Sclerosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH 6 yrs.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4500				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased March 10, 1953 to March 17, 1953 , that I last saw the deceased alive on March 15, 1953 , and that death occurred at 1:47 pm. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Dr. H. H. H. H. H.				23b. ADDRESS Marshall, Mo.		23c. DATE SIGNED 3/20/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/20/53		24c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery		24d. LOCATION (City, town, or county) (State) Marshall, Missouri	
DATE REC'D BY LOCAL REG. 3-20-1953		REGISTRAR'S SIGNATURE Bianey T. Gray		25. FUNERAL DIRECTOR'S SIGNATURE George Green		ADDRESS Marshall, Mo.	

(Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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0972

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 4220

P. O. Address Bartholomew, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.